

AFFIDAVIT

Use of form: Completion of this form is necessary to authorize the Department to provide an adopted person with information about a birth parent's identity and location.

Instructions: Return the original signed affidavit to: Department of Health and Family Services
Division of Children and Family Services
Adoption Records Search Program
P.O. Box 8916
Madison, WI 53708-8916

NOTE: A separate affidavit must be used for each parent and child.

Section I Child

Name - Child (Last, First, Middle)	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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Section II Parent

Relationship to above named child: ☐ Birth mother ☐ Birth father ☐ Legally named father

Name (Current - Last, First, Middle) Print or Type	Name (Maiden Last) - If applicable	
Address (Current - Street, City, State, Zip Code)	Telephone No. - Home	Telephone No. - Work

Check most appropriate statement below.

- ☐ My parental rights to the above named child were terminated in the State of Wisconsin, _____ (County Name)
County Circuit Court on _____ (Date - mm/dd/yyyy) .
- ☐ I consented to the adoption of the above named child in the State of Wisconsin, _____ (County Name)
County Circuit Court on _____ (Date - mm/dd/yyyy) .
- ☐ I am unsure of legal procedure, but procedure took place in _____ County, Wisconsin
on _____ (Date - mm/dd/yyyy) . _____ (County Name)

Section III Birth Facts (Completion Optional)

Name - Adoption Agency (If known) _____

Birth took place in: _____ State _____ County _____ City _____ Hospital _____

Name - Mother (At child's birth)	Birthdate	Name - Father (At child's birth)	Birthdate
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☐ Yes ☐ No Were the parents married at time of child's birth?

Section IV Signature / Notarization

I authorize the Department of Health and Family Services to provide the above named child with the information specified in Section 48.433(2), Wisconsin Statutes.*

*Any birth parent whose rights have been terminated in this state at any time, or who has consented to the adoption of his or her child in this state before February 1, 1982, may file with the department an affidavit authorizing the department to provide the child with his or her original birth certificate and with any other available information about the birth parent's identity and location. An affidavit filed under this subsection may be revoked at any time by notifying the department in writing.

SIGNATURE - Parent

(If acknowledging Officer has seal / stamp
it must be used here.)

Subscribed and sworn to before me this _____ day of _____ (mm/yyyy) .

SIGNATURE - Notary Public

My commission expires: _____